

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

107531605 FILING DATE 4/14/05

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5							55						
6	67						56						
7	163						57						
8	671						58						
9	160						59						
10	671						60						
11							61						
12							62						
13							63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	1	↓			↓				↓				
TOTAL DEP.	9	←			←				←				
TOTAL CLAIMS	10	↓	↓	↓	↓	↓			↓				